CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

TENL ROPYCE

COVER PAGE

MLR 29 2010

Hease type or print in ink.

A Public Document

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MANE (LEST) (MICST)	- /MILLINE MARINE FEEDING WINGHER
WYATT CHARLES	GARY
MAILING ADDRESS STREET CITY	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
*	
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	► Total number of pages
IMPERIAL COUNTY	including this cover page:
Division, Board, District, If applicable;	► Check applicable schedules or "No reportable
BOARD OF SUPERVISORS	Interests."
Your Position:	I have disclosed interests on one or more of the
COUNTY SUPERVISOR	attached schedules:
► If filing for multiple positions, list additional agency(ies)/	Schedule A-1 Yes – schedule attached
position(s): (Attach a separate sheet if necessary.)	Investments (Less then 10% Ownership)
REGIONAL COUNCIL OF RURAL	Schedule A-2 Yes – schedule attached
Agency: REGIONAL COUNCIL OF KURAL	Investments (10% or Greater Ownership)
Position: Bd. Member	Schedule B Yes – schedule attached Real Property
	Schedule C X Yes — schedule attached Income, Loans, & Business Positions (Income Other than Gifts
2. Jurisdiction of Office (Check at least one box)	and Trave(Payments)
State County of Imperial	Schedule D XYes – schedule attached
County of	Income – Gifts
City of	Schedule E X Yes - schedule attached
Multi-County	Income – Gifts – Travel Payments
□ Other	-or-
	No reportable interests on any schedule
3. Type of Statement (Check at least one box)	The reportable interests on any self-called
Assuming Office/Initial Date://	
1	5. Verification
Annual: The period covered is January 1, 2009, through December 31, 2009.	I have used all reasonable diligence in preparing this
Or-	statement. I have reviewed this statement and to the best
O The period covered is/, through	of my knowledge the information contained herein and in any attached schedules is true and complete.
December 31, 2009.	
Leaving Office Date Left:/	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
(Check one)	or annual transfer in the same control
O The period covered is January 1, 2009, through the	Manny 79 7510
date of leaving office.	Date Signed MARCH Z8 Z810
O The period covered is/ through the date of leaving office.	Signatui
Candidate Election Year:	(File the anguety signed to total.).
	EDDC Form 700 (3009/2040)

FORM 700 Statement of Economic Interests for Calendar Year 2009 List of Agencies and Member Counties

IMPERIAL COUNTY

Agency	Position
CRHMFA Homebuyers Fund	Delegate
California Rural Home Mortgage Finance Corp	Delegate
Environmental Services Joint Powers Authority	Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolomne County

Additional Agencies:

· Salton Sea Authority
- Board of Directors

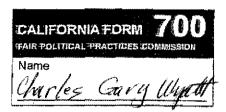
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORN FAIR POLITICAL		
Charles	Gary	Wyatt

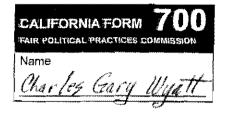
	◆ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
$\Delta v a M$	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	Applicad (Dearless Addeptable)
659 SUNSET DR., BRAWLEY, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Product Sales	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Representative	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$100,000 OVER \$100,000
` \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of(Property, Cer, DOBI, etc.)	Sale of(Property, car, boel, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
(Describe)	(Describe)
(Describe)	(Describe)
	,
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI * You are not required to report loans from commercial	lending institutions, or any indebtedness created as part
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI You are not required to report loans from commercial of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms
 2. LOANS RECEIVED OR DUTSTANDING DURING THE REPORTING PERIL You are not required to report loans from commercial of a retail installment or credit card transaction, made available to members of the public without regard to y 	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms our official status. Personal loans and loans received
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SCHEDULE D Income - Gifts



NAME OF SOURCE	► NAME OF SOURCE
Tom DuBOSE	San Diego Gas & Electric Co.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
367 I ST., BRAWLEY, CA	8326 Centuralk. Ct., San Diego, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIMITY, IF, ANY, OF SOURCE
Development, engineering	Energy / Electrical Services
Development, engineering DATE (mm/dd/yy) VALUE DESCRIPTION OF GIPT(S)	DATE (mm/dd/fy) VALUE DESCRIPTION OF GIFT(S)
9, 109, 90.00 Sports tix	6, 109 100.00 Sports tix
10, 109,90.00 11 11	3, 109 100.00 golf fers
12, 169,90,00 " "	5, 109 100,00 sports tix
► NAME OF SOURCE	► NAME OF SOURCE
ALLIED WASTE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
8364 Clairement Mesa, Lon Viego, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Mant.	<u> </u>
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11, 109 30,00 sports tix	
2, 09,10000 golf tees	
► NAME OF SOURCE	NAME OF SOURCE
Gold Cross Hubulance	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Bex 1834 El Centro, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ambulance Services	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4, 109 100,00 golf fees	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 4, 09 100.00 golf fees	
Comments:	

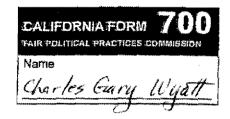
SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE Calit. State Association of Counties ADDRESS (Business Address Acceptable) 1101 KST., Sacramente, CA CITY AND STATE SACRAMENTO, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE COUNTY Advocacy DATE(S):	NAME OF SOURCE Regional Council of Rural Counties ADDRESS (Business Address Acceptable) 1215 K. ST. # 1650 CITY AND STATE Sacramento (A BUSINESS ACTIVITY, IF ANY, OF SOURCE County Advocacy, Housing Program DATE(S): 1 109.12/31/69 AMT: \$3789.00
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift income
DESCRIPTION:	member of board of directors
NAME OF SOURCE Calif. State Assoc of Counties ADDRESS (Business Address Acceptable) 1101 KST- CITY AND STATE Sarra Mente, CA: BUSINESS ACTIVITY. IF ANY, OF SOURCE County Advocacy DATE(S):	NAME OF SOURCE Calif State Assoc of Counties - Finance ADDRESS (Business Address Acceptable) Comp. ILOI K ST. CITY AND STATE SACVIMMENTO, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE GENT, Agencies Finance Serv. DATE(S): 1, 1,09.12,31,09 AMT: \$200.00
TYPE OF PAYMENT: (must check one) Gift V Income	TYPE OF PAYMENT (must check one) 🎾 Gift 🗌 Income
DESCRIPTION France expenses as officer	DESCRIPTION:
# volunteer of CSAC	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

Coachella Valley Economic Partnership	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
73-110 Fred Wering PR, Ste. 106, Kalm Springs	
CITY AND STATE	CITY AND STATE
Falm Springs, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE	
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development	
DATE(S): 61 169 - 61 169 AMT: \$ 2725.00	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Kincome	TYPE OF PAYMENT: (must check one) Gift income
DESCRIPTION: travel expenses to regresent	DESCRIPTION:
Insperial County in China	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S)://AMT; \$
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
Comments:	
the same of the sa	